2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000027396

1. Entity Name

STANLEY B. PRICE, P.A.



Principal Place of Business

200 S. BISCAYNE BLVD.

SUITE 2500

MIAMI, FL 33131-2336

Mailing Address

200 S. BISCAYNE BLVD. **SUITE 2500**

MIAMI, FL 33131-2336

FILED Feb 19, 2007 8:00 am **Secretary of State**

02-19-2007 90050 008 ***150.00



01292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0822107

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PRICE, STANLEY B 200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-2336

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE	DPST				
NAME	PRICE, STANLEY B				
STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 2500				
CITY-ST-ZIP	MIAMI, FL 331312336				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS				D0	NOT WOITE
CITY-ST-ZIP				DO	NOT WRITE
TITLE				IM "	THIS SPACE
NAME				IIN	I IIIO SPACE
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		·. • ·			
NAME					
STREET ADDRESS					
CITY-ST-ZIP			,		
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP